

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 5
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00524454 </div>		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014		
Mailing Address 325 SPRINGSIDE DR			Amount 1967.92		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.29813		
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014		
Name of Federal Candidate MARK BEGICH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK		
Calendar Year-To-Date Per Election for Office Sought		4181.83	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014		
Mailing Address 325 SPRINGSIDE DR			Amount 8092.96		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.29814		
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014		
Name of Federal Candidate MARK L PRYOR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		17197.54	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			10060.88		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date MM / DD / YYYY 06 / 20 / 2014	